

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS**

In re:)	
)	Bankruptcy
RODNEY T. WILKES)	Case No. 04-43601-R
and)	Chapter 7
DEBORAH JEAN WILKES)	
)	
Debtor(s).)	

AFFIDAVIT OF CREDITOR

David A. Ravin, being duly sworn, deposes and states as follows:

1. I am the president of Harvest Credit Management V, LLC (Harvest), and I am authorized to act on behalf of Harvest, in accordance with the 2007 Annual Report for Harvest Credit Management V, LLC filed with the Colorado Secretary of State, a copy of which is attached hereto as Exhibit 1.

2. Harvest is a creditor in the above-captioned bankruptcy case, as established by the Proof of Claim dated August 9, 2004, filed with the court on August 27, 2004, a copy of which is attached hereto as Exhibit 2.

3. Harvest has not received payment of funds in the amount of \$5,197.09, as a dividend which was awarded to Harvest in this case, and which funds are due and owing to Harvest pursuant to the Proof of Claim.

4. Harvest is represented in this case, and with respect to the Proof of Claim, by its attorney, James A. Kaplan of the law firm of Linebarger Goggan Blair & Sampson, LLP, formerly of the law firm of Machol & Johannes, P.C., and James A. Kaplan and the law firm of Linebarger Goggan Blair & Sampson, LLP are authorized to submit an Application for Payment of Dividend from Unclaimed Funds with respect to the funds owing to Harvest in connection with the Proof of Claim, and to receive payment of such funds on behalf of Harvest.

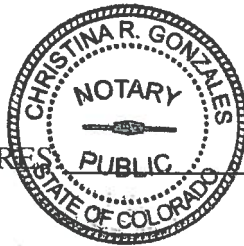
DATED January 8, 2008.




David A. Ravin
President of Harvest Credit Management V, LLC

STATE OF COLORADO)
) ss.
CITY AND COUNTY OF DENVER)

The foregoing Affidavit of Creditor was acknowledged, subscribed and sworn to be true under penalty of perjury before me on this 8th day of January, 2008, by David A. Ravin.




Notary Public

MY COMMISSION EXPIRES PUBLIC

My Commission Expires Jan. 10, 2011

G:\JAK-PARA\Harvest\Wilkes\Affidavit of David Ravin.wpd

E-Filed

Colorado Secretary of State

Date and Time: 10/23/2007 01:01 PM

Id Number: 20011206917

Document number: 20071487130

Document processing fee

If document is filed on paper

\$100.00

If document is filed electronically

\$ 10.00

Late fee if entity is in noncompliant status

If document is filed on paper

\$ 50.00

If document is filed electronically

\$ 20.00

Fees & forms/cover sheets

are subject to change.

To file electronically, access instructions

for this form/cover sheet and other

information or print copies of filed

documents, visit www.sos.state.co.us

and select Business Center.

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Annual Report

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number:

20011206917

Entity name:

HARVEST CREDIT MANAGEMENT V, LLCJurisdiction under the law of which the
entity was formed or registered:Colorado**You must complete line 1.**

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

1. Name(s) and address(es) of the
individual(s) causing the document
to be delivered for filing:

RAVIN

(Last)

DAVID

(First)

A

(Middle)

(Suffix)

600 17TH STSTE 2800 SOUTH
(Street name and number or Post Office Box information)DENVER

(City)

CO

(State)

80202

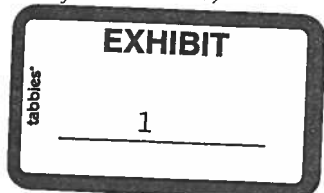
(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

REPORT



Page 1 of 2

Rev. 3/8/2006

☐ **Mark the box if** information requested below is current in the records of the Secretary of State
OR complete Questions 2 through 7.

2. Principal office street address:

600 17th Street
 Ste 2800 South
 Denver CO 80202
 (City) (State) (Postal/Zip Code)
 (Province – if applicable) (Country – if not US)

3. Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

4. Registered agent name: (if an individual) MACHOL JACQUES A. III
(Last) (First) (Middle) (Suffix)

OR (if a business organization)

5. The person identified above as registered agent has consented to being so appointed.

6. Registered agent street address: 600 17TH ST STE 800 NORTH
(Street name and number)

DENVER CO 80202
(City) (State) (Postal/Zip Code)

7. Registered agent mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

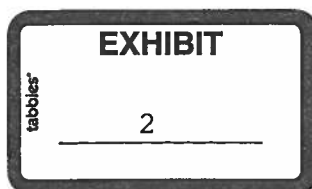
NOTICE:

This "image" is merely a display of information that was filed electronically. It is not an image that was created by optically scanning a paper document.

No such paper document was filed. Consequently, no copy of a paper document is available regarding this document.

Questions? Contact the Business Division. For contact information, please visit the Secretary of State's web site.

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM	
Eastern District of Texas (Sherman Division)		UNSECURED	
In re (Name of Debtor) RODNEY T WILKES & DEBORAH JEAN WILKES		Case No. 04-43601 CHAPTER 13	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC § 503.			
Name of Creditor (Person/entity to whom the debtor owes money or property) HARVEST CREDIT MANAGEMENT V		<input type="checkbox"/> Check if you are aware anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check if you have never received any notices from the bankruptcy court in the case. <input type="checkbox"/> Check if the address differs from the address on the envelope sent to you by the bankruptcy court.	
Name and Address Where Notices Should Be Sent HARVEST CREDIT MANAGEMENT V c/o MACHOL & JOHANNES, P.C. DOMINION PLAZA, SUITE 800 NORTH 600 SEVENTEENTH STREET DENVER CO 80202-5442			
Account or other number by which creditor identifies Debtor E11045318		Check <input type="checkbox"/> replaces previous filing dated ____ <input type="checkbox"/> amends	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) Extended Credit DISCOVER FINANCIAL SERVICES- DISCOVER CARD <div style="float: right; margin-top: 10px;"> <input type="checkbox"/> Retiree benefits as defined in 11 USC § 114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (dates). </div>			
2. DATE DEBT WAS INCURRED May 4, 1990		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage or other charges at time case filed included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$10,240.80 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____		Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,000) earned or not more than 90 days before filing of the bankruptcy petition or cessation of the debtor business, whichever is earlier-11 USC §507(a)(3) <input type="checkbox"/> Contributions to employee benefit plan-11 USC §507(a)(4) <input type="checkbox"/> Up to \$1,800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 USC §507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or other under 11 USC §507(a)(7) <input type="checkbox"/> Taxes or penalties of government units-11 USC §507(a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 USC §507(a) _____ <input type="checkbox"/> Amounts are subject to adjustment on 4/1/98 and every 5 years thereafter with respect to cases commenced on or after date of adjustment	
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: (Unsecured) \$10,240.80 (Secured) \$ _____ (Priority) \$ _____ (Total) \$10,240.80 <input checked="" type="checkbox"/> Check if claim includes charges in addition to principal amount of claim			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: MACHOL & JOHANNES, P.C., authorized attorney for the creditor August 9, 2004 JAMES A. KAPLAN, #7741, Dominion Plaza, Suite 800 N. 600 Seventeenth St. Denver CO 80202			



FILED
 U.S. BANKRUPTCY COURT
 EASTERN DISTRICT OF TX
 AUG 27 PM 1:28
 CLERK, U.S. BANKRUPTCY
 COURT